F23000004064

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000411445770

SECRETARY OF STATE

RECEIVED

JUL 1 3 2023 K. Brumbi≠y

FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 07/13/23

NAME: OPEN PROTOCOL LABS, INC

TYPE OF FILING: APPLICATION

COST: 70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE PU HODGE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Open Protocol Labs, Inc.	
Name of corporation - mu	ist include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authoriticate of Existence," or "Certificate of Good Standing" above referenced foreign corporation to transact business in	' and check are submitted to register the
Please return all correspondence concerning this matter to th	e following:
Stephen Zagami	
Name of Perso	חס
NEXT Legal PLLC	
Firm/Company	,
1395 Brickell Avenue, Suite 950	
Address	
Miami, FL 33131	
City/State and Zi	p code
info@nextlegal.us	
E-mail address: (to be used for fu	ture annual report notification)
For further information concerning this matter, please call:	
Stephen Zagami 786 78	85-1672
Name of Person Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
	STATE .75 Filing Fee & \$87.50 Filing Fee, tified Copy Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

2. Delaware (State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (Date of incorporation) (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 401 W. Atlantic Road, Suite 149, Delray Beach, FL 33444 (Principal office street address) (Current mailing address, if different) Name: Current mailing address, if different	(If name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting	ng business in Florida)	-
4. 5/4/23 (Date of incorporation) (Date of duration, if other than perpetual) 6. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 401 W. Atlantic Road, Suite 149, Delray Beach, FL 33444 (Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Lucas Lorenzo Rohenaz Office Address: 401 W. Atlantic Road, Suite 149 Delray Beach , Florida 33444	Delaware	3			_
(Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office street address) (Current mailing address, if different) (Current mailing address, if different) Name: Lucas Lorenzo Rohenaz Office Address: Delray Beach Delray Beach PH Delray Beach Florida 13444	(State or count	y under the law of which it is incorporated)	(FEI number, if as	oplicable)	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 401 W. Atlantic Road, Suite 149, Delray Beach, FL 33444 (Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Lucas Lorenzo Rohenaz Office Address: Delray Beach Plorida 33444 Delray Beach Plorida 13444					_
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607,1501 & 607,1502, F.S., to determine penalty liability) 7. 401 W. Atlantic Road, Suite 149, Delray Beach, FL 33444 (Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Lucas Lorenzo Rohenaz 401 W. Atlantic Road, Suite 149 Delray Beach Delray Beach Florida 33444	(Date	of incorporation)	(Date of duration, if other	than perpetual)	
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 401 W. Atlantic Road, Suite 149, Delray Beach, FL 33444 (Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Lucas Lorenzo Rohenaz 401 W. Atlantic Road, Suite 149 Delray Beach Delray Beach The street address add	5		-		_
(Current mailing address, if different) R. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Lucas Lorenzo Rohenaz Delray Beach Delray Beach Plorida Plorida 33444 Plorida 33444				itv)	
(Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Lucas Lorenzo Rohenaz 401 W. Atlantic Road, Suite 149 Delray Beach Delray Beach Page 133444 Delray Beach Page 13444 Delray Beach Page 13444 Delray Beach Page 1444 Delray Beach Delray Beach Delray Beach Delray Beach Delray Beach	, 401 W. Atlantic		,, , , ,	. , ,	
(Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Lucas Lorenzo Rohenaz Office Address: Delray Beach Planta 33444 Delray Beach Florida 33444	¹		street address)		<u>-</u>
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Lucas Lorenzo Rohenaz 401 W. Atlantic Road, Suite 149 Delray Beach Provida 33444		•	·		
Office Address: 401 W. Atlantic Road, Suite 149 Delray Beach Florida 33444 Property Pr		(Current mailing	address, if different)	2	
Office Address: Delray Beach Florida 33444 Florida 33444 Florida Florid					
Office Address: 401 W. Atlantic Road, Suite 149 Delray Beach Florida 33444 Property Pr	3. Name and stree	et address of Florida registered agent: (P.O. l	Box NOT acceptable)		
Office Address: 401 W. Atlantic Road, Suite 149 Delray Beach Florida 33444 Property Pr	Name:	Lucas Lorenzo Rohenaz		35 ±	F≥
Delray Beach , Florida 33444		401 W. Atlantic Road, Suite 149		<u> </u>	in á
Delray Beach , Florida 33444 (Zip code)	Office Address:		_		
(City) (Zip code)			, Florida		
		(City)	(Zip code)		
	Having been nam	ed as registered agent and to accept service	· · ·		-
Having been named as registered agent and to accept service of process for the above stated corporation at the place	lesianated in this				
). Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place lesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duti		annale, with the analysis we of all at-test-a -al-			

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS Lucas Lorenzo Rohenaz Thomas Joseph Abrahamsen, Jr. □ Chairman □Chairman 1499 S Federal Hwy #113 580 Remington Green Drive □Vice Chairman Address: □Vice Chairman Address: Boynton Beach, FL 33435 SE Unit 102, Palm Bay, FL 32909 Director Director ■President □President □Vice President □Vice President ☐ Treasurer ☐ Secretary ☐ Secretary Treasurer ©CEO ■Other Other _ □ Other ______ □Other ____ Kurt Thomas Wuckert, Jr. Name: □ Chairman ☐ Chairman Name: 898 NW 39th Ave. ☐ Vice Chairman Address: ☐ Vice Chairman Address: Delray Beach, FL 33445 Director □ Director ☐ President ☐ President □Vice President □Vice President ■ Secretary ☐ Treasurer ☐ Secretary Treasurer ■Other _ CMO Other ____ ☐ Other _____ ☐ Other ______ □Chairman Name: □ Chairman Name: _____ □Vice Chairman Address: _____ Address: ☐ Vice Chairman □ Director □ Director □President □President □Vice President ☐ Vice President □ Secretary □ Treasurer □ Secretary ☐Treasurer ☐ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. Luca Koluny Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Lucas Lorenzo Rohenaz, CEO

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "OPEN PROTOCOL LABS, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF JULY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OPEN PROTOCOL LABS, INC." WAS INCORPORATED ON THE FOURTH DAY OF MAY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

at corp delaware gov/aut

Authentication: 203729763

Date: 07-12-23

7442522 8300 SR# 20232977267